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RUPTURE OF THE UTERUS.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY W. C. B. FIFIELD.

WHILE visiting a patient at South Braintree, on Thursday, April 23d, at noon, I was asked to visit a Mrs. B., then in labor. On arriving at the house, the midwife told me that she had been called at 3 o'clock, P.M., the day before, i. e., Wednesday. The patient (the mother of several children, with easy labors) had had ordinary pains until midnight, when the waters broke. The child advanced steadily till two o'clock, the head then seeming about to emerge from the external opening. At this time the patient commenced vomiting with great violence, and at three o'clock the child could no longer be felt by digital examination. No violent pain had been complained of, but flowing had been observed. The patient supposed that her menses had returned. No motion of the child had been felt since the commencement of the vomiting. Entering the sick room, I found the patient quite sensible, with a very fair pulse, complaining of pain and soreness in the bowels, and occasionally vomiting with great force. Much thirst. None of the ordinary signs of collapse, such as cold sweating skin, feeble pulse, &c., were observed. On the contrary, the woman could rise and sit on a chair or vessel. Making a vaginal examination, I found the os uteri closed, and I could reach no part of the child. On examining the abdomen, I found it very large, but neither from its form or from any unusual distinctness of head or limbs could it have been predicted that the child was not "in utero." From the facts of the retreat of the child, the peculiar vomiting, the complete cessation of pains, and the occurrence of hæmorrhage, I announced to the friends that the uterus was ruptured, that the child had escaped into the cavity of the abdomen, and that the issue of the case would probably be fatal. I advised immediate delivery as offering a chance for life. Having no instruments with me, I drove to my friend's, Dr. Wood, of East Randolph, and not only obtained instruments, but also the assistance and advice of a most experienced and skilful obstetrician.

Returning to my patient, a delay occurred from the visit of a clergyman and the absence of the husband, so that operative proceedings did not begin till after four o'clock. Thus twenty-five hours had elapsed from the commencement of labor, and thirteen hours since the retreat of the child. Owing to objections of a sister, ether was not at first administered, but on attempting to pass my hand, I could not overcome the resistance of the os uteri. Ether was now inhaled, and the hand passed readily into the uterus, finding no fœtus. On the right side, I found a large rent, not extending through the cervix. Passing the hand through the rent, I found the child lying among the intestines. Grasping the feet, I brought them down; then bringing the arms down, the head occupied the pelvis, the occiput to the right groin, the forehead to the left sacro-iliac synchondrosis, and from this position it did not incline to move. A blunt hook was passed into the mouth, and traction made on the lower jaw, which soon fractured. The crotchet was now fixed in the right and left orbits successively. These holds soon gave way. The head being perforated behind the left ear, the crotchet was passed and probably fixed on some part of the orbital plate, but without effect. Dr. Wood now relieved me and again perforated the head farther back, but could not succeed in effecting delivery. I now resumed the crotchet, and as I had been foiled in attempting to make the forehead descend, by flexing it towards the breast, I determined to act in a precisely contrary manner, and make the occiput descend. Fixing the crotchet on one of the internal occipital ridges, a very slight force effected the delivery. The placenta being removed, the hand was once more passed to assure myself that no intestines had been caught in the rent. The patient being put to bed, the uterus was felt well contracted. A teaspoonful of laudanum was given immediately, and spoonsful of beef-tea ordered to be given through the night. At the visit next morning, I found that she had died at 5 o'clock, A.M., vomiting and thirst continuing to the last.

The only practical reflections I am able to make in this case, are in regard to the descent of the head in version. Writers on midwifery do not seem to have made accurate investigations on this point. So, although we have explanations of the manner in which the head passes along the cavity of the sacrum, and how it emerges beneath the pubis, the way in which it passes the brim of the pelvis has not been much inquired into. For the management of the head in such cases, directions are given by Ramsbotham, Lee and Cazeaux, that the fingers may be passed up on the face, or a finger get into the mouth, and the head flexed forward. In the case just cited, we have seen that with a pelvis of unusual capacity, and a fœtal head not disproportioned to the cavity, powerful traction, when applied with a view to cause the head to be flexed forward, was insufficient to advance it in the slightest degree. But a slight force applied to

cause the descent of the occiput was immediately successful. Having had but a small experience in obstetrics, I will put the idea in the form of a question. As in natural labor the head clears the brim of the pelvis flexed forward on the breast, the occiput passing first, the superincumbent weight of the child tending to keep the head of the child flexed forward—*why*, in breach cases and cases of version, may not the head clear the brim, the head flexed backwards and the occiput passing first, the weight of the child aiding in this, since the line of traction is posterior to the axis of the skull?

I will close by mentioning three cases of recovery after rupture of the uterus—one occurring in the practice of Dr. Benj. Cushing, of Dorchester, the other two given by Lee, occurring to Blundell and Desormeaux. In Dr. Cushing's case, the hand was passed to the umbilicus and felt from the outside by another party. Blundell says he felt the intestines, the edge of the liver, and perceived the beat of the large arteries. Desormeaux says, that a stout young woman had the uterus ruptured after thirty hours labor, and nearly four feet of intestines protruded into the vagina and sloughed off the sixteenth day after the accident. For two years the patient voided all the fæces through the breach of the uterus; afterwards they took the natural course. Eighteen months after, the woman conceived, and was safely delivered of a small, feeble child.

HOSPITAL NOTES AND MEMORANDA.

By J. Baxter Upham, M.D., Surgeon in charge of Stanly Gen. Hospital.

Further Observations in regard to the Cerebro-spinal Affection occurring in and around Newbern, N. C.—(Concluded from p. 317.)

The *anatomical lesions*, in the cases examined, were confined principally to the brain and spinal cord. Where death took place early—within two or three days—there was commonly opalescence of the upper surface of the cerebrum, seemingly in the subarachnoid fluid; an increased vascularity of the membranes of the brain and spinal cord, affecting the pia mater especially; a large increase of serum in the subarachnoid space and ventricles, clear or turbid, and mixed with flocculi of lymph, with, as often as otherwise, even in cases of the briefest duration, an abundant exudation of thick, yellowish, apparently semi-organized lymph on the base of the brain and medulla oblongata. Conjoined with these phenomena, there was in such cases more or less passive congestion of the lungs; increase of the pericardial fluid, and occasional engorgement and enlargement of the liver or spleen.

In cases where the disease had lasted for a longer period—from seven or eight days to three or four weeks or more—the deposits on the brain were usually more marked, predominating at its base, around the pons Varolii and in the sulci of the cerebrum and cerebellum, covering the surface of the oblongata, and extending down

upon the spinal cord, sheathing it, in some cases, throughout its entire extent. This exudation was either pus-like, or concrete and semi-organized, abundant, from two to three or four lines in thickness not unfrequently. It appeared, also, in the ventricles—in the posterior cornua of the lateral ventricles in its concrete form particularly, or else tinging and thickening, with an opaque greenish pus, the serous fluid of the whole cavity. The membranes of the brain, the pia mater especially, showed, not unfrequently, evidences of congestion. The viscera of the thorax and abdomen, with the exception of some passive engorgement of the lungs in their depending portions, the occasional presence of lymph in the pericardium and ventricles of the heart, and sometimes enlargement of the liver and spleen, presented nothing unusual. The mucous membrane of the stomach and intestines was generally normal—the patches of Peyer unaltered.

Dr. Jewett has given the pathological appearances in two cases that came under his observation, illustrating the *extremes* of duration; the one case was completed in twenty-four hours, the other in twenty-three days. In regard to the first case he remarks: "On removing the calvarium, the membranes were found to be adherent, so much so as to require to be torn from the substance of the brain in some portions; the membranes were in some places also adherent to each other. The subarachnoid space was filled with a straw-colored serum, from three to four ounces, by estimation, in quantity; there was more fluid in the right than in the left ventricle. Whole surface of the brain highly congested, with small patches of lymph at base of cerebellum. On exposing the spinal canal, the cerebro-spinal fluid appeared in greatly increased quantity, and of a yellowish and milky hue; meninges much congested, and the cord itself softened. In the latter case," he says, "the dura mater was strongly adherent over the longitudinal sinus; the lateral ventricles were filled with about three ounces of straw-colored fluid; vessels of the choroid plexus strongly injected; the fourth ventricle filled with serum and pus. A large deposit of lymph, three lines in thickness, covered the pons Varolii and inferior surface of the medulla oblongata. The meninges of the cord much congested; about half an ounce of sero-purulent matter in the spinal canal; the spinal cord enveloped in a layer of lymph from two to three lines in thickness in some parts, the lymph extending down, and sheathing to their very extremities the cauda equina and sacral nerves."

Of the seven fatal cases reported by Dr. Cowgill, that in which death took place earliest (within thirty-six hours) exhibited a cloudiness of the entire surface of the cerebrum and medulla oblongata, increased vascularity of the membranes, with effused serum into the ventricles, injection of the pia mater of the spinal canal, with infusion of turbid serum in its lower part, and evidences of inflammatory action along the entire cord. That of longest duration (thirty-four days) revealed injection of the pia mater, with some exudation

of yellowish lymph along the sulci of the upper surface, and a thicker deposit, of apparently plastic purulent matter, on the inferior surface and over the pons Varolii and oblongata especially, and two ounces of serum in the lateral ventricles. Of his remaining five cases, intermediate in duration, there was increased vascularity of the membranes, the pia mater especially, in all; a thin deposit of lymph on the upper surface of the brain in two, and a more abundant, consistent exudation of lymph-like matter, predominant at the base of the cerebrum and cerebellum and medulla oblongata, in four; prolonged, either in the form of lymph or sero-purulent effusion, into the spinal canal, in three; with, in all, distension of the ventricles with serum or sero-purulent matter.

Within the sphere of my own observation, of five cases that terminated fatally on or before the third day, the investing membranes of the brain were noticed to be congested in two instances, in the others not; in three there was an extensive deposit of lymph on the base of the brain and cerebellum particularly; in one, slight cloudiness on the superior surface of the cerebrum only, with some opacity of the arachnoid; and in one, no abnormal deposits. In the two cases of longest duration (thirty-four and thirty-six days respectively), there was, in the former, cloudiness and slight deposit of lymph between the convolutions on the superior surface of the cerebral hemispheres and a firm layer of coagulable lymph, one sixth of an inch in thickness, on the inferior aspect of the cerebellum and oblongata; in the latter, a little increased vascularity of the pia mater, a thin, milky fluid beneath some portions of the arachnoid on the brain superiorly; and at its base a mass of tenacious, yellowish lymph, three eighths of an inch in depth, extending down upon the spinal cord; the ventricles were, in both cases, distended with sero-purulent matter. And of the six intermediate cases, there was more or less congestion of the investing membranes in three; the clouded appearance of the arachnoid only, in one, and copious exudation on the base of brain and medulla oblongata in five.

In regard to *treatment*, when we consider the mortality, as shown in the preceding record, but little that is satisfactory can be said. In the onset of the epidemic, it was naturally taken to be of malarial origin, and the usual means of combating such an affection were assiduously employed—quinine, in some instances to the extent of sixty and even eighty grains, being given within ten or twelve hours from the first attack, but without effect; conjoined with this, stimulants and purgatives of calomel were freely used. Antiphlogistic measures were also tried—cupping, wet and dry, to the back of the head and nuchæ; saline purgatives, epispastics, frictions along the spine, blisters to inside of thighs, calves and ankles, with enemata of turpentine and brandy. Where there was marked cerebral excitement, venesection was freely employed—but its powerlessness to

avert, or even mitigate the symptoms, is seen in Dr. Cowgill's account of a case which occurred at Academy Hospital, in which the remedy was faithfully tried. The patient was a strong, robust young man—attacked suddenly, and with great violence—with urgent cerebral symptoms, great restlessness and jactitation, perfect unconsciousness and with a full pulse. He was bled to the amount of twenty-four ounces; his pulse became stronger under the operation—no symptoms of faintness. He was quiet for twenty minutes, when the jactitation became as violent as before. At evening, there was violent muscular action, pulse 86, strong and full; the bandages were loosened, and sixteen ounces more of blood allowed to flow—the patient, in the meantime, being held upright in bed. There was no evidence of syncope, and no lessening of muscular action. The excitement continued the whole night, and the patient died the next day.

Calomel in combination with ipecac, in doses of two grains of the former and half a grain of the latter, given every two hours—in conjunction with frictions or sinapisms along the course of the spine, as reported by Dr. Cowgill, seemed, in several instances, to have a good effect. Dr. Haddock suggested the use of ergot, in accordance with the recommendations of Dr. Brown Séquard, in certain affections of the spinal cord unaccompanied with active inflammation. It was given in the form of the fluid extract in doses of from ten to fifteen minims, repeated every four hours. Several of the cases thus treated by Dr. Haddock recovered.* Oftentimes a beneficial effect attended

* The following is an interesting case of recovery, under the treatment by ergot, in the hands of Dr. Haddock:—

DeWitt C. White, Co. I, 8th Reg't M.V.M., aged about 19, came to Hospital Tuesday, March 10th. Was taken suddenly the night before with convulsions, and had remained unconscious for the most part since, rousing up now and then, moaning, and complaining of the back of his head and neck. Got, before he came in, a purge of calomel and jalap, and had cups, wet and dry, applied to the back of his neck.

Found him, on admission, dull and stupid, with purple lips, and venous system in general congested; tongue white, moist; delirious; breathing stertorous; pulse 96, full; an eruption like purpura covering abdomen and legs. He got, at once, an ounce of whiskey, with ten grains of quinine, turpentine mixture and ammonia, alternately every fourth hour; mustard pediluvium and cold to back of neck and head.

11th.—The bowels not having moved, he got half an ounce of salts. Pulse 116; answers questions, but talks incoherently; sighs, moans, complains of his head and neck; eruption full and distinct—spots large, and in form of measles. In evening, pulse 84; bowels moved during the night.

12th.—Pulse 84; tongue thickly coated, white; cheeks flushed; delirium constant; answers questions correctly, but at once relapses into stupor; skin dusky yellow; eyes very susceptible to light. Continue treatment. Evening.—Pulse 80; delirious; skin moist; no pain; head thrown back; no headache; talks to imaginary persons and catches at imaginary objects. Ordered mustard pediluvium.

13th.—Pulse 84; restless; delirious; three involuntary discharges; urine free, involuntary, brown, ammoniacal. Continue treatment.

14th.—Restless until 12 at night (of the 13th); some involuntary discharges; pulse 72; skin moist; unconscious for the most part.

15th.—Pulse 100; strabismus; tongue dry, brown, cracked; discharges involuntary; delirium constant. Continue treatment.

16th.—Paralysis of right arm and leg; tongue same; pulse 92, soft; headache; urine less free. Got fifteen drops of fluid extract of ergot. (See Dr. B. Séquard on Epilepsy.) Omit all else.

17th.—Very much the same. Continue treatment. Mustard to spine.

18th.—Rested well. No dejection; pulse 88; no pain; urine natural; mind clearer. Increase ergot to twenty minims.

the exhibition of camphor-water in combination with the carbonate of ammonia. Dover's powder and the solution of sulphate of morphia were given to induce sleep at night.

A natural and interesting inquiry here arises as to the *nature* of the affection above described. Was it an inflammation, in the ordinary acceptation of the term, of the brain and spinal cord or their membranes—or was it the manifestation of some obscure but malignant malarial influence, or form of congestive or pernicious fever, so called—or in its essence a typhus fever, of a peculiar and fatal type, such as has heretofore been described in the history of military campaigns, which lurks in the track of armies, and breaks out suddenly and in a mysterious manner in camps and garrisoned towns? From the limited number of cases as yet adduced, no definite conclusions on this point can perhaps be arrived at; but, by the process of exclusion, we may be able to approximate towards the truth. That it was not, in its essential essence and primarily, an inflammation of the membranes of the brain and spinal cord, it seems fair to conclude from the futility of all the known means of combating such disease in producing any adequate result. Venesection, both local and general, did not control the violence of the diseased action. Blisters were not well borne. Calomel and saline cathartics were tried in large doses without effect. And its outward demonstrations, if carefully considered, would seem rather that of some subtle agency that had suddenly and overwhelmingly oppressed the vital energies, than the painful and excited expressions of active inflammation.

The arguments against its malarial nature and origin, are, in my own mind, stronger still. It lacks many of the important symptoms and characteristics of the "congestive fevers" of tropical climates, as described in the books. It is not intermittent, nor is it uniformly nor commonly remittent. It occurs at a season of the year when miasmatic diseases do not prevail, and among the new troops by preference—who have not been previously exposed to

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19th.—Tongue red at centre, white at edges. Continue treatment. Increase ergot to twenty-five minims.

20th.—Pulse 84. Continue treatment. Increase ergot to thirty minims. Purgative enema.

21st.—Seems better; mind clearer. Extract of ergot, thirty-five minims. Bowels moved; slight nausea.

22d.—Rested well. Asleep. Tongue cleaning; pulse 80; pain in back of head; mind clear; no paralysis; no strabismus. Says he "feels sick and *tired*." Continue treatment.

23d.—Remains very much the same. Nausea. Lessen ergot to thirty minims. Says he feels better.

24th.—Did not rest. Headache; mind clear; some appetite; one dejection; "legs are tired"; pulse natural; rheumatic pains; "neck lame." Cold applications to neck.

25th.—Synovitis (left knee); no redness or pain; swelling large; fluctuation distinct.

26th.—Cold water only to knee. Fine, distinct eruption over body and arms; urine large in quantity; tongue red and shining. Feels that he is recovering.

27th.—Vertigo. Ergot, twenty minims.

28th.—Complains of his shoulders aching severely; some nausea; bowels moved; hungry.

29th.—Pain the same. Tincture of iodine over the spine. Continue treatment.

From this time the patient regularly and rapidly improved. The ergot was suspended on the 9th of April, after which he required but little treatment, except for constipation or rheumatic pains. April 20th, was sent to Beaufort, *convalescent*.

malarial influences—and does not succumb to, nor appear to be favorably influenced by the administration of quinine, however early this treatment may be commenced and vigorously prosecuted. And the anatomical lesions which, other things being equal, might accord with the supposition of its malarial origin in the cases examined, are the rare exception, not the rule.

The disease seemed to me rather to partake of the nature of typhus, in a severe and malignant form, identical in its essential elements with the typhus fever of Great Britain, which, under the names of maculated typhus, ship fever, camp or jail fever, has many times been observed in this country—having, in this instance, a special direction to the meninges of the brain and spinal cord, as, in other epidemics, the weight of the disease has fallen at one time upon the brain, at another upon the lungs or other important viscera of the thorax or abdomen—springing up epidemically or otherwise, wherever there is long-continued crowding and exclusion of light and air, coupled with deprivation, hardships and exposure. Thus, in the affection under consideration, the circumstances of its origin are similar in kind, if not in degree, to those in which the typhous group of diseases most frequently originate.* And very many of its phenomena and phases are like to those which are witnessed in typhus epidemics. The suddenness of its accession, the dusky hue of the face, the suffused and injected eyes, the petechial eruption and purpural spots, the defective innervation of the respiratory and circulatory system, as shown in the labored, irregular breathing and the often tumultuous and intermittent action of the heart, the sluggishness, but otherwise general freedom from functional derangements of the thoracic and abdominal viscera, and, after death, the passive engorgements, and dark, fluid, sizy character of the blood, all point to the typhus element of the disease, and would seem to indicate a line of therapeutical management similar to that which experience has found most effectual in the treatment of that malady.

ON THE USE OF GLYCERINE IN SURGERY AND MEDICINE.

By E. J. Tilt, M.D., M.R.C.P., &c.

Glycerine is not sufficiently valued in this country as a therapeutical agent; whereas the high estimation in which it is held on the Continent may be inferred from the fact, that from 1851 to 1861 the annual consumption of glycerine in the Paris hospitals rose from

* How far the nature of the material of which the barracks were constructed contributed to the existence of the epidemic, it is difficult to say. This condition of things, by aggravating the ordinary exciting causes of disease, may naturally be supposed to have aggravated its violence and intensity, if it did not actually favor and hasten its appearance. Certain it is, that in the case of the four regiments principally affected, a change of locality and circumstances was followed by the immediate cessation of new cases.

300 lbs. to 3000 lbs. I propose to point out the principal advantages of glycerine from personal experience, and from that of an eminent Paris surgeon, M. Demarquay, who has been chiefly instrumental in introducing this agent, and has just published the results of his experience in an interesting little work. In the process of making lead-plaster, glycerine is produced, but, as it contains lead, it has an irritating action on abraded surfaces. The only glycerine, therefore, fit for medical and surgical uses is Price's, which is made by subjecting palm oil to steam raised to a temperature of 300° centigrade, and its specific gravity should be 1·26.

Glycerine is too well known to require description. Although derived from fatty substances, it will not combine with them, but mixes with water in any proportion, and has the power of dissolving all our active therapeutical agents about as readily as weak alcohol.

SURGICAL USES OF GLYCERINE.

Pure Glycerine.—In household surgery, glycerine is known as the best remedy for chapped hands and slight irritation of the face and lips. I have found it invaluable when freely used in nasal, pudendal, and anal irritation. It is applied in a large number of skin diseases in France; and Maisonneuve, Denonvilliers and Demarquay use it to dress ulcers and wounds, instead of cerate. It appears to have antiseptic properties, inasmuch as it speedily gives a healthy appearance to foul, unhealthy, and even pultaceous-looking wounds. This is admitted by Baron Larrey, whose report is in other respects unfavorable to its use in surgery. Indeed, this antiseptic property might be inferred from its preserving from decomposition meat and microscopic objects that are kept in it, or have been steeped in it.

Liniments.—Glycerine does not become rancid, like oil. It is cleaner, can be easily washed off, and does not stain the body linen like oil. Though glycerine does not dissolve fat, it is said to dissolve the sebaceous product of the skin, and thereby to facilitate the absorption of the various ingredients which it may hold in solution. For these reasons, glycerine is far preferable to oil as a basis for liniments.

Lotions.—Since Mr. Startin has praised glycerine as a useful ingredient of lotions for the skin, this has been fully admitted. Its stability, cleanliness, innocuousness, and antiseptic properties make it a valuable ingredient for all the variety of lotions which are applied to the inflamed or to the unhealthy mucous membranes of the mouth, eyes, nose, ears, rectum and vagina.

Ointments.—When starch is boiled in glycerine the membranes burst and uniformly thicken the liquid. If eighty grains of starch are boiled in one fluid ounce of glycerine, a moderately stiff and tenacious plasma or ointment is the result. It is stable, inodorous, clean, and is capable of holding in solution or suspension all the agents usually incorporated with lard. Glycerine ointment does

not become rancid like other fatty substances, does not soil the body linen, and can be instantaneously removed by means of a damp towel.

Mr. Bullock, of Hanover street, has made experiments of combining glycerine with several kinds of starch, and I lately exhibited the samples at a meeting of the Obstetrical Society. Every kind of starch makes a very serviceable product, but maize and the ordinary starch seem to give the stiffest and most satisfactory result.

It has been objected to glycerine ointment that it is too absorbent of moisture to be useful; but this is not true. It absorbs moisture only to a limited extent—suggesting to the pharmaceutist the advisability of not making a large quantity at a time, and of keeping it closely covered up.

Glycerine ointment has been used in France under the name of *glycerat d'amidon*. It has been extensively prescribed by my friend Mr. Henry Lee, and by Dr. Symonds and Dr. W. Budd, of Clifton. Mr. Schacht, of the same town, wrote a paper on the subject, which will be found in the *Pharmaceutical Journal* for 1858. For the pelvic and spinal pains attendant on uterine inflammation, I frequently prescribe the following ointments:—Sulphate of atropia, two grains; glycerine, half a drachm; oil of neroli, four drops; glycerine ointment, one ounce. A portion of this ointment, about the size of a small walnut, is to be well rubbed in, night and morning. Acetate of morphia, ten grains; otto of roses, one drop; glycerine, half a drachm; glycerine ointment, one ounce.

Plasters.—It occurred to me that by boiling a larger quantity of starch in the same quantity of glycerine the ointment might become stiff enough for all the purposes of plasters. Mr. Bullock therefore boiled 100 to 150 grains of starch in an ounce of glycerine, and obtained a very firm and tenacious compound, to which I have directed attention, in my "Handbook of Uterine Therapeutics," as well calculated to make ready-made plasters, not open to the objections raised against those in common use, which either do not stick at all, or stick so firmly that their removal is difficult. Some of them also smell so disagreeable as to interfere with a patient's sleep, while others cause a skin irritation which was not desired. With the glycerine plasters the patient may continue using the sponge bath or any other bath that may be advisable, as there is no difficulty in removing and replacing the application. This hard glycerine ointment is capable of holding, partly in solution partly in suspension, all the ingredients of the plasters now in use. It can be made softer by being rubbed up with a little glycerine, and I tell the patient to spread it thickly with a paper-knife on gutta-percha cloth, or on the fluffy side of leather, or on impermeable wash leather. Before reapplying the plaster it is well to spread a little more ointment, and they can be speedily cleaned with a sponge and tepid water. Thus, instead of prescribing a belladonna plaster, I order—Sulphate

of atropia, four grains; otto of roses, one drop; hard glycerine ointment, one ounce. The salt is to be rubbed down with a few drops of glycerine, and incorporated with the ointment. I give veratria in the same proportion, and double the quantity of morphia. The following compound sedative plaster can be made in the same manner:—Sulphate of atropia, three grains; veratria, three grains; sulphate of morphia, eight grains; otto of roses, one drop; hard glycerine ointment, one ounce.

MEDICINAL USE OF GLYCERINE.

It is said to be useful in dysentery, and its antiseptic properties justify its trial in cases of ulceration and inflammation of the stomach and intestines. Experience has not confirmed the assertions of those who affirm that it acts on the system like cod-liver oil.—*London Lancet.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

South Reading, March 25th, 1863.

The Middlesex East District Medical Society held its annual meeting at the house of Dr. J. D. Mansfield. At 8, P.M., the members were called to order by the President. The records of the last meeting were read and accepted.

The Treasurer reported that every Fellow had paid his dues, and that there was a balance on hand of $11.15. The Chairman of the Committee on Periodicals reported that the Society had taken, the past year, the London *Lancet, American Journal of the Medical Sciences, American Medical Times* and Philadelphia *Medical and Surgical Reporter.* It was voted to continue the same at the discretion of the Committee, and that the old periodicals on hand be sold at auction at the next meeting.

The following officers were chosen for the ensuing year:—*President,* Hon. Dr. H. P. Wakefield, of Reading. *Vice President,* Dr. J. D. Mansfield, of South Reading. *Secretary,* Dr. Ephraim Cutter, of Woburn. *Censors,* Drs. E. Cutter, Chapin and Toothaker. *Councillors,* Hon. Dr. H. P. Wakefield, Drs. E. Cutter, Chapin, Mansfield. *Treasurer,* Dr. B. Cutter. *Commissioner on Trials,* Dr. B. Cutter. *Auditor,* Hon. Dr. H. P. Wakefield.

Dr. W. F. Stevens, of Stoneham, was elected a delegate to the Chicago meeting of the American Medical Association, *vice* Dr. W. Ingalls absent at the seat of war.

The President stated that at the last meeting of the Councillors of the State Society, in consequence of the representations of our Society, it was voted "that the Censors at Large are hereby instructed not to admit any person who is a resident or in practice in any District except his own."

Dr. Hodgdon, of West Cambridge, exhibited a hypertrophied heart,

and also two kidneys, which had undergone a fatty degeneration of the epithelium lining their cavities.

The following report was then read :—

Report of the Committee appointed to consider the expediency of systematic united contemporaneous Inquiries into the Therapeutical Action of Medicinal Agents. By

EPHRAIM CUTTER,
ALONZO CHAPIN,
S. A. TOOTHAKER,
Committee of the M. E. D. M. Society.

Gentlemen,—The Committee, to whom this important matter has been entrusted, have duly considered it, and report that it is expedient for the Middlesex East District Medical Society to engage in the investigation of the Therapeutical Action of Medicinal Agents.

The reasons for such a decision are obvious on reflection. The mission of the physician is the treatment of disease; either to avert, destroy, mitigate, or conduct it to a safe termination. Any other aim, excluding these, is unworthy of the profession. It is important that this idea be thoroughly understood at the outset. Some physicians seem to make pathology, diagnosis (to say nothing of pecuniary reward), the great end of medical life. And the curriculum of the schools embraces so much of the natural history of disease, with but a moiety for the department of therapeutics, that it is no wonder there is so extensive a scepticism among their graduates. It cannot be denied that therapeutics is the great field of the physician's skill and usefulness. The value of his services is estimated by the amount of good he accomplishes by their ministration. In other words, *treatment is the main thing.* A man that is sick desires to get well, and he is the best physician for him who ensures his recovery in the shortest, safest and most thorough manner. The refinements of diagnosis, the skill of anatomy, the treasures of pathology, should be subservient to treatment, and are chiefly valuable as they throw light upon it. If this be granted, we can inquire whether the field of therapeutics, although traversed by physicians of every time, of every grade and of every character, has been thoroughly or usefully explored and all its valuable secrets discovered. It would seem not. For we are met by some who aver that all medicines, as now employed, are useless, if not worse than useless; and, more than this, we have been told that if our whole materia medica were cast into the sea it would be worse for the fishes and better for mankind.

We find others who say that disease is self-limited and should not be interfered with. It needs only watching, and it will run out of itself. All that the physician has to do, is to furnish a well-digested history of the case. Remedies are of no avail, except as ameliorators.

We next meet among mankind a vast number of pathies and methods of treatment—each claiming to be infallible; and still the world goes on, its inhabitants dying at about the same rate as before the advent of these new discoveries.

Again, we find a long list of substances and products in nature and art which have not been thoroughly investigated in a therapeutical manner. So that while myriads of observers have sedulously cultivated the department of therapeutics for ages, still they have appropriated but a moiety of the boundless stores. Is it, then, time for the medical profession to lie at ease, when so much remains undone, and

not to endeavor to disarm scepticism and quackery by patient, legitimate investigations? If drugs are worthless, let it be known by undeniable evidence. If any interference with the course of disease is useless, let it be proved. If pathies and specifics abound, let them be tried by the rules of common sense and receive patient and judicious investigation. But it is unnecessary to go so far out of the way as this. There are less radical inquiries to be made than these. Have all the uses of the drugs now most employed been defined with precision? Has any physician ever realized the ideal descriptions of medicinal agents found in books? Do we know *all* about them? Twenty years ago, ether was an almost disused chemical agent. Well might a caviller have asked at that time, "What is ether good for? Throw it into the sea, and it will be better for mankind and worse for the fishes." Who can say so now? Even the same sceptic must now admit this drug as useful. If ether has suddenly become so valuable, what hinders some other now obscure agent from becoming also of known and acknowledged worth? What is needed, is the idea and observation. The past glorious discoveries are but an earnest of what is in store for the future. We have encouragement to persevere and pursue onward.

This leads to another thought, that the natural indifference of the great mass of medical men to such labors of inquiry and research has thrown into the hands of illiterate and lay observers some of the discoveries of medical truths. We all know how much we are indebted to dairymen for vaccination, to dentists for anæsthesia by inhalation, to a monk for antimony, and to a quack for mercury. It teaches us that no physician, however learned, can fail to gain information from persons in very humble life. It is Agassiz, I think, who says that any one can be an observer in natural science and thus advance its interests. To a certain extent, this is true in medicine. The field of therapeutics is so varied and extensive that it is impossible for one person to make observations over anything like a moiety of its surface. So that the true man of science must be content to learn of some phenomena from those who have observed them, be they physician, nurse, patient or layman. Had not Jenner learned from illiterate peasants a fact they had observed, for anything that we now know, we might have been without the priceless boon of vaccination. Some have the habit of saying that some things are absolutely impossible because contrary to their experience and knowledge. But this is wrong. Our knowledge and experience, at the best, are limited, and we are obliged to learn from one another. There is no doubt that many a humble country physician, and even many an old woman and nurse, can impart valuable hints of information to the brightest lights in the profession. Shall we, then, disdain to open to our benefit these sources of knowledge?

Again, the tide of discovery and research in therapeutics will go on, whether we will or not. Coming years will bring additions of worth. Shall we bear a part in these new revelations?

If it be granted that therapeutical inquiry be expedient, it must next be inquired whether a systematic, contemporaneous series of investigations would not also be expedient. By all means, for the broader the field and the larger the number of observations the more reliable becomes the report. There is an advantage in testing a remedy under the different circumstances that must attend a large circle of observa-

tions. Its effects are thus manifested under the varying conditions of idiosyncrasies, epidemic, endemic and meteorological influences, and all the thousand disturbing forces that act in physiological life. Time is also saved. A thousand observers could note in one year what it would take *one* observer a thousand years to investigate. It may here be objected that the mass of physicians are incompetent to observe, and that their observations, if made, would be vitiated by their ignorance. But some of the greatest discoveries have been made by those who know even less than physicians of ordinary capacities. Moreover, these commonplace men make up the bulk of the profession and do nearly all its work. However great the amount of labor done by the higher class of practitioners, it weighs but a trifle when compared with the aggregate performed by the lower. A remedy tried by them in their place is better tested than when left solely to the great professor alone in his laboratory. It is a libel upon the profession to declare such ignorance and incapacity among them.

Another advantage in systematic, contemporaneous inquiries is, that the results of such investigations would have a commanding influence. Suppose that all the medical societies in New England should, upon the reported results of all their fellows, announce that veratrum viride is a valuable curative agent, because of its being a sedative of remarkable power and certainty, and, on the other hand, that the sarracenia purpurea is not a specific for the smallpox. Would not their decision be acquiesced in as authoritative? Would not the merit and demerit of these drugs be definitely settled? Should such inquiries be pursued to the extent that the materia medica of the present day demands, it is proper to expect that this collection would be deprived of many substances, and that inestimably valuable accessions would supply their places, much to the credit of the profession and the good of mankind.

This work is admirably adapted to medical societies. It fulfils one of the prime objects of their organization—namely, the advancement of medical interests. It furnishes an opportunity for effort in which the endeavors of all can be directed to a common end, and thus, without taxing the energies of a single individual, an amount of work can be accomplished which would be impossible for isolated observers. There is also a great satisfaction in having a body of intelligent, educated physicians engaged in a work which brings so speedily its available results. It improves the *morale*, elevates the *esprit du corps*, and strengthens the organization. We speak from experience. The investigation of the veratrum viride has done as much as this for our own body. This drug now ranks as the most reliable arterial sedative known, and in some measure is this high reputation due to our own and other societies' recommendations, based upon actual therapeutical trials. We feel that the energy displayed in investigating this and other drugs has rendered our organization more active, spirited and useful. It would seem very proper for us to advance further in this direction, and do all in our power to meet the demand for the labor which at the present day is so pressing. Although we have been among the first to investigate drugs in our associated capacity, still we are behindhand in the systematic, contemporaneous, united, therapeutical investigation of medicinal agents. This has already been undertaken by the British Medical Association, and some of its most eminent mem-

bers have pledged their attention to these inquiries. But as this is a work for *all*, it is to be hoped that those who are not suns in the British profession will unite their myriad lesser rays of light with the beams of the greater, and thus envelope the inquiries with their combined illumination. If we engage in similar inquiries, we may reflect back the transatlantic luminaries now rising in therapeutical science.

Plan of Operation.—It is recommended that a Standing Committee, of three persons, be annually elected by ballot, or otherwise, called the Committee on Therapeutical Inquiry; that they be entrusted with the management of the investigations in all branches and details; that they report verbally, or otherwise, at each meeting of the Society, and that they be authorized to make any judicious expenditure of money from the treasury in order to carry out their designs. A list of substances may be submitted by them to the Society as fit for trial or report. The Society may elect that article or articles which would be most consonant with its wishes. Every member is expected to make trial of the agents and report the results, whether favorable or unfavorable, so that the Committee may have the means of ascertaining its real therapeutical value.

This subject is certainly one that deserves the serious consideration of medical men, and it ought not to be undertaken by us without due reflection and resolution to carry out the operations necessary to give our labors a character worth having.

The following articles are suggested as possibly being desirable substances for therapeutical inquiry.

1. *Chlorate of potash* in acne, struma, and tuberculosis, as a powerful excitor of the appetite and increaser of nutrition. Dose, for an adult, of the saturated solution, a wineglassful thrice daily. Highly recommended by Dr. Alexander Harkin, of Belfast, Ireland, who reports a most extensive and satisfactory use of this well-known drug in his own hands.

2. *Galium aparine* ("cleavers"). *Preparation*—Thayer's fluid extract (alcoholic). In epilepsy. Dose, one fluidrachm thrice daily. Recommended by Dr. John W. Ogle, of London, Eng., as of service. In France there is a hospital established for the purpose of administering this remedy to epileptics. The writer has tried it in two cases, in one of which it afforded marked relief.

3. *Cimicifuga racemosa. Preparation*—Tincture of the root, four fluid ounces to one pint of diluted alcohol. Dose, one fluidrachm. Recommended in diphtheria, internally and topically, by Dr. E. O. Phinney, of Melrose, Mass.

4. *Pepsine. Preparation*—Powder and wine, made by Messrs. T. Morson & Son, 19 and 46 Southampton Row, London, Eng. (To be had of T. Metcalf & Co., 33 Tremont Row, Boston.) Dose 15–20 grains and one fluidrachm immediately after eating. Recommended in dyspepsia, in fœtid breath of children depending upon no obvious cause, and in deficiency of gastric secretion.

5. *Bromide of Ammonium* in atheromatous affections and obesity. Dose, five grains thrice daily.

6. *Iodide of Ammonium* as a substitute for iodide of potassium; said to have a more absorbent power, and, when applied locally, as in the case of hypertrophied tonsils, to cause interstitial absorption of the overgrowth. Authority, Dr. B. W. Richardson, 12 Hinde St.,

London W. Dose and mode of administration same as iodide of potassium.

7. *Polygonum hydropiperoides.* (Smart weed.) *Preparation*—Infusion of leaves or tincture. Dose, wineglassful thrice daily, or one fluidrachm of the tincture. In amenorrhœa, or as a diuretic.

8. *Pumpkin Seeds*, as a diuretic. *Preparation*—An emulsion made by macerating and brusing a handful of seeds in a pint of water, and allowing for a drink, or the simple eating of small quantities of the seeds at certain intervals.

9. *Trifolium pratense.* (Red clover.) *Preparation*—Infusion, an ounce to a pint of boiling water. To be drank *ad libitum* in whooping cough.

10. *Verbascum Thapsus.* (Mullein.) *Preparation*—Tincture of the leaves, two ounces to one pint of diluted alcohol. Dose, one fluidrachm. As a cerebral stimulant and anodyne; to be used instead of opium.

11. *Pyrophosphate of Iron.* Dose, from three to five grains thrice daily, in some diluent. In hypertrophy of the heart, especially when associated with albuminuria. An excellent salt is prepared by Morson (address given above).

12. *Gelseminum semperverens.* (Yellow Jasmine.) *Preparation*—Thayer's fluid extract. Said to be a most desirable drug. Used as a cerebral sedative. Employed in headaches, in fevers where there is cerebral irritation.

At the conclusion of this report, it was accepted and adopted. Drs. E. Cutter, Woburn, C. Jordan, South Reading, and R. L. Hodgdon, were appointed a Standing Committee upon Therapeutical Inquiries.*

The treatment of diphtheritis was next discussed. The President inquired of each member how he should treat it.

Dr. B. Cutter said that his remedies were the tr. ferri chloridi internally, quinine, tonics and alcoholic stimulants. Not much local treatment.

Dr. S. W. Drew recommended an emetic of ipecacuanha at the outset, salt pork rind poultice to outside of neck, tr. ferri chloridi, chlorate of potash.

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* This Committee have since issued the following blank form of Therapeutical Inquiries, which they will be pleased to forward to any regular physician who is willing to report upon any of the medicinal agents marked 1, 7, 8, 9, 10 and 12 in the preceding list.

Therapeutical Inquiries of the Middlesex (Mass.) East District Medical Society, , 186 .

NAME OF REMEDY.	PROPERTIES FOR INVESTIGATION.	PREPARATIONS.	DOSE.	MODE OF ADMINISTRATION.

No.	Name of Patient.	Nativity.	Age.	Temperament.	Sex.	Stage of Disease.	Mode of Treatment.	Combined or Uncombined.	Results of investigation.

This schedule, when filled, is to be returned to either of the Committee on Therapeutical Inquiry—Drs. E. Cutter, Woburn; Charles Jordan, South Reading; and R. L. Hodgdon, West Cambridge.

Returned by

Dr. A. Chapin—tonics, stimulants, chlorate of potash, nitrate of silver topically.

Dr. J. D. Mansfield—tr. ferri chloridi. A solution of sulphate of zinc—five grains to one ounce of water—topically, he believes will remove the false membrane. He has observed, in twelve cases, the most beneficial effects from its use. In a boy, the membrane on the tonsils was removed in twenty-four hours. Dr. M. had the disease himself, and exhibited on his own right tonsil a small remaining patch of lymph.

Dr. Hodgdon recommended iron, quinine, beef. No local application.

Dr. Jordan—quinine, chlorate of potash, tr. ferri chloridi internally and topically, diluted with twice its bulk of water; support, nourishment.

Dr. Dale—brandy, quinine, beef, chlorate of potash locally in powder. Had used cimicifuga racemosa without effect.

Dr. Wakefield—stimulants, tonics, sulphate of zinc locally.

Dr. Mansfield considered it as contagious as typhoid fever. Dr. Jordan did not.

Adjourned eight weeks.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 28, 1863.

Adulteration of Milk.—In our issue of February 26th ult., we endeavored to place before our readers a full representation of the manner in which Boston is supplied with milk, the extent to which its adulteration is practised by dealers in it, and the difficulties experienced by the prosecuting officer in bringing such offenders to justice. We published at that time the Act in relation to the sale of adulterated milk, and stated that the Committee on Agriculture then had the subject under consideration for the purpose of making the statute, if possible, more stringent. We suggested that the first offence should be made punishable by a fine of one hundred dollars, and that the second should send the guilty party to prison. We also stated our opinion that the city should enforce a stricter ordinance in relation to registration, and should refuse a license to any person twice found carrying adulterated milk.

It will be seen by the new act, which has been separately published and distributed by Mr. Faxon, the Inspector of Milk for the city, among the dealers in this article, that the Legislature received the report of the Committee favorably, and have made the penalty much more severe than it formerly was; not only increasing the amount of the fines, but sending the convicted person to the House of Correction for the third offence, and causing his name to be published in the newspapers. The following is the Act:—

Be it enacted, &c., as follows:—

Sect. 1. Whoever buys or sells milk by any other measures, cans, or vessels than those sealed as provided in the one hundred and fiftieth section of the forty-

ninth chapter of the General Statutes, shall for one violation pay twenty dollars, and for a second and each subsequent violation fifty dollars.

SECT. 2. Whoever adulterates, by water or otherwise, milk to be sold in this State, or, being recorded in the books of the Inspector as a dealer in milk, conveys from place to place, or knowingly sells or causes to be sold adulterated or unwholesome milk, shall for one violation pay twenty dollars, for a second violation pay fifty dollars, and for any subsequent violation be imprisoned in the House of Correction not less than thirty nor more than ninety days; and whoever, in the employment of another, knowingly violates any provision of this section, shall be held equally guilty with the principal, and suffer the same penalty or punishment.

SECT. 3. It shall be the duty of the Inspector to cause the name and place of business of all persons convicted under the preceding section, to be published in two newspapers printed in the town or county where the offence may have been committed.

SECT. 4. So much of Section one hundred and fifty-one of the forty-ninth chapter of the General Statutes inconsistent herewith is hereby repealed.

Approved April 6, 1863.

City of Boston.—Notice is hereby given that the undersigned has been appointed *Inspector of Milk* for the City of Boston; and all persons selling milk within the city, are hereby requested to conform to all the requirements of the law relating to the same. All persons aware of any violations of said law, are invited to report the same to the Inspector, Room 15, Niles Block, opposite City Hall, Court Square, where the books are now open for the registry of all dealers in milk.

April 6, 1863. HENRY FAXON, *Inspector.*

N. B.—The law requires that dealers in milk at wholesale and retail, from wagons, cellars, shops, stores, or market-places, within the limits of the city of Boston, shall register their names at the above office.

It now remains for the city government to sustain this praiseworthy action of the Legislature by passing an ordinance by which a license shall be refused to all persons found guilty of the above offences, and we trust the Committee on Internal Health will see to it that everything possible is done to break up a practice so detrimental to the public health.

ANOTHER EXPLOSION RESULTING FROM THE INFLAMMATION OF THE GASES OF A PRIVY.—It has been determined, as is well known, in certain cases, that the hydrosulphuric acid gas in privy-vaults may be mixed with atmospheric air under such conditions that the mixture becomes susceptible of inflaming and causing accidents more or less grave. We have several times had opportunity to verify this fact, which has recently occurred again.

A little girl, 7 years old, living with her parents, *rue de Malle*, 7, went to the public privy in the evening with a light. Scarcely had she entered when a loud detonation was heard; she felt a great shock, and found herself fortunately thrown out of the cabinet. It was the sulphuretted hydrogen gas which produced the explosion. The concussion was so violent that the slab which closed the vault was found lifted up. No one, fortunately, was injured, and measures have been taken to prevent accidents in future. It is very fortunate that cases of the union of the gas of privies with atmospheric air, in proportions capable of producing an explosion, are rare.—*Journal de Chimie Médicale.*

ARMY MEDICAL MUSEUM.—We have received from the Surgeon-General a catalogue of the Army Medical Museum at Washington, prepar-

ed by Assist. Surgeon Wm. Moss, U.S.V., Assistant Curator of the collection. It is simply a numerical list of the objects at present contained in the Museum, which now consists of 985 surgical and 106 medical specimens, and 133 missiles extracted from the body. A series of projectiles, numbering 125, and a complete set of the various patterns of bayonets used in our own and foreign services, have very appropriately been presented to the Museum by Brig. Gen. Ripley. The dried preparations are mounted upon stands, and the wet ones have been placed in glass jars. Those who have examined the collection describe it as one worthy of the highest admiration, and as reflecting great honor and credit upon its originator, Surgeon-General Hammond, and its curators, Drs. Brinton and Moss. It will form an invaluable accompaniment to the medical history of the war.

Railroad Fares to Pittsfield.—We are authorized to state that the Western, Boston and Worcester, and Connecticut River Railroads have agreed to an abatement of one half the regular fares from any point on those roads to Pittsfield and back, going on the 16th and 17th, and returning on the 17th and 18th of June, in favor of members of the Massachusetts Medical Society desirous of attending the annual meeting. The other roads in this State will probably agree to a similar accommodation.

Abuse of Mercury in the Army.—The following is a copy of Circular No. 6, issued by the U. S. Surgeon-General, under date of May 4th inst.

"I. From the reports of medical inspectors and the sanitary reports to this office, it appears that the administration of calomel has so frequently been pushed to excess by military surgeons as to call for prompt steps by this office to correct this abuse; an abuse the melancholy effects of which, as officially reported, have exhibited themselves not only in innumerable cases of profuse salivation, but in the not infrequent occurrence of mercurial gangrene.

"It seeming impossible in any other manner to properly restrict the use of this powerful agent, it is directed that it be struck from the Supply Table, and that no further requisitions for this medicine be approved by medical directors. This is done with the more confidence as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unfailingly administered.

"II. The records of this office having conclusively proved that diseases prevalent in the Army may be treated as efficiently without tartar emetic as therewith, and the fact of its remaining upon the Supply Table being a tacit invitation to its use, tartar emetic is also struck from the Supply Table of the Army.

"No doubt can exist that more harm has resulted from the misuse of both these agents, in the treatment of disease, than benefit from their proper administration."

Statistics of Ovariotomy.—At a meeting of the Obstetrical Society of London, March 4th, Dr. Clay, of Manchester, gave a brief and interesting outline of his experience in this very important branch of surgery. Of 109 peritoneal sections, 104 were for ovarian extirpation, 3 for cutting down upon the tumor to establish ulceration where its re-

moval was known to be impracticable, 1 for Cæsarean operation, and 1 for the removal of both uterus and ovaries. Of the 104 ovarian cases, 72 recovered, 32 died; all the 3 ulcerative cases recovered; the Cæsarean section lived to the fifteenth day; and, lastly, the case of the entire removal of both uterus and ovaries recovered. Of the 32 deaths, 10 died from the immediate consequences of the operation, 10 from inflammation, 10 from prostration, and 2 from hæmorrhage. The great majority of the first and second series were young females, as well as a portion of the third division. Those from prostration were chiefly elderly females.—*London Lancet.*

The next annual meeting of the American Medical Association will be held at Chicago, commencing on Tuesday, the 2d of June next; and that of the American Pharmaceutical Association at Baltimore, on the 8th of September next.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, May 23d, 1863.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - -	41	38	79
Ave. mortality of corresponding weeks for ten years, 1853—1863,	34.0	36.6	70.6
Average corrected to increased population - - - - - -	00	00	77.81
Death of persons above 90 - - - - - - - -	0	0	0

Mortality from Prevailing Diseases.

Phthisis.	Croup.	Scar. Fev.	Pneumon.	Variola.	Dysentery.	Typ. Fever.	Diphtheria.
20	5	0	4	0	1	2	1

Communications Received.—Papers have been received from Prof. Thomas D. Mitchell, M.D., Dr. John Green, Dr. D. W. Cheever, and Dr. Thomas T. Smiley, Philadelphia.

Books Received.—Obstetrics; the Science and the Art. By Charles D. Meigs, M.D., &c. Fourth Edition, revised. Philadelphia: Blanchard & Lea.—A Practical Treatise on Fractures and Dislocations. By Frank H. Hamilton, A.M., M.D., Lt.-Col., Med. Inspector, U.S.A. Second Edition, revised and improved. Philadelphia: Blanchard & Lea.—Diseases of the Skin. By Erasmus Wilson, F.R.S. Fifth Edition. Text and Plates in one volume. Philadelphia: Blanchard & Lea.—Handbook of Medical Chemistry. By John E. Bowman, M.D. Fourth Edition. Philadelphia: Blanchard & Lea.

Journals Received.—Buffalo Medical and Surgical Journal, May, 1863.—Chicago Medical Journal, May, 1863.—American Medical Times, vol. vi., No. 21.—Medical and Surgical Reporter, vol. x., No. 3.—New York Dental Journal, March, 1863.

Married,—At Bedford, N.H., 3d ult., Dr. Lucien Ingalls, of Andover, Me., formerly of Merrimack, N. H., to Miss H. T. W. Nevins, of Bedford, N. H.

Died,—Near Jackson, Miss., on the 2d inst., Dr. Samuel A. Cartwright, aged 72. Dr. C. was well known to the readers of this Journal in former years as a frequent contributor to its pages. His last communication was in volume 52, and contained an account of a new cure for obstinate bleeding following the extraction of a tooth. His previous papers on the sugar-house cure for consumption were read with much interest, especially by our Southern subscribers.—In Angelica, Allegany County, N. Y., April 24th, of erysipelas, Richard Charles, M.D., aged 65 years and 5 months.

Deaths in Boston for the week ending Saturday noon, May 23d, 79. Males, 41—Females, 38.—Abscess, 2—accident, 1—anæmia, 1—apoplexy, 2—congestion of the brain, 2—disease of the brain, 1—inflammation of the brain, 1—bronchitis, 2—cholera infantum, 1—consumption, 20—convulsions, 5—croup, 5—cyanosis, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 2—dysentery, 1—erysipelas, 1—typhoid fever, 2—infantile disease, 2—intemperance, 1—jaundice, 1—congestion of the lungs, 1—inflammation of the lungs, 4—marasmus, 3—old age, 2—paralysis, 1—peritonitis, 1—pleurisy, 1—premature birth, 1—pyæmia, 1—sore throat, 2—tabes mesenterica, 1—unknown, 2.

Under 5 years of age, 33—between 5 and 20 years, 5—between 20 and 40 years, 18—between 40 and 60 years, 9—above 60 years, 14. Born in the United States, 53—Ireland, 26—other places, 0.